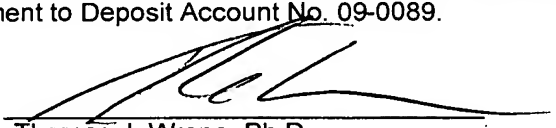




3-21-07

Express Mail No. EV 947188161 US

SPW

FREE AUTHORIZATION / AMENDMENT TRANSMITTAL					Attorney's Docket No: 2872-US-CNT2	
Serial No. 10/774,192		Filing Date February 6, 2004		Examiner J. Lockard		Group Art Unit 1647
In Re Application of John E. Sims and Teresa L. Born						
For ACPL ANTIBODIES AND METHODS OF USE THEREOF (as amended)						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$120.00)						
<input checked="" type="checkbox"/> Two months of original due date (\$450.00)						
<input type="checkbox"/> Three months of original due date (\$1,020.00)						
<input type="checkbox"/> Four months of original due date (\$1,590.00)						
<input type="checkbox"/> Five months of original due date (\$2,160.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested:						
<input checked="" type="checkbox"/> is filed herewith.						
<input type="checkbox"/> has been filed.						
<input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.						
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	9	Minus	20 =	0	x \$50	= \$ 0.00
Indep. Claims	3	Minus	3 =	0	x \$200	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+	\$360 = \$ 0.00
Total Additional Fee for this Amendment					\$ 0.00	
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.						
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.						
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.						
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers.						
<input type="checkbox"/> Other: _____						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$450.00. A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
Please Send Future Correspondence To:						
22932						
Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000						
 Thomas J. Wrona, Ph.D. Attorney/Agent for Applicant(s) Registration No.: 44,410 Phone: (206) 265-7374 Date: March 19, 2007						

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